



Wisconsin Medicaid and BadgerCare Fact Sheet

Medical Support Liability

Medical Support Liability means you, as a Medicaid applicant or recipient, must sign over to the State of Wisconsin all rights to payments from court ordered medical support or from other third party payers of your medical expenses. Medicaid/BadgerCare is the “payer of last resort”. This means that Medicaid/BadgerCare pays for medical bills, only after other insurance companies pay first.

When you apply for Medicaid/BadgerCare for your children, and they have health insurance provided by a parent not living with them, you must supply that information to your county worker.

If your child does not have health insurance and has a parent absent from the home, you are required to cooperate with the child support agency to get insurance information from the absent parent. The child support agency is responsible for establishing and enforcing medical support for dependents through court orders.

Your Cooperation is Very Important:

By signing the Medicaid/BadgerCare application form, you agree to meet the medical support liability requirement.

The payments involved can come from any source that is obligated to pay medical support for your children or you.

Unless there is good cause for refusing, you must also cooperate in:

- Establishing the paternity of any child born out of wedlock if Medicaid is requested or received for that child.
- Obtaining medical support for yourself or for your children if Medicaid is requested or received.

Good cause is:

When the parent or other caretaker relative who applies for MA refuses to cooperate in establishing paternity and obstructing medical support because of specific circumstances. Specific circumstances for good cause may include:

- The client's cooperation is reasonably anticipated to result in physical or emotional harm to the:
 - ❖ Child. This means the child is so emotionally impaired, that his or her normal functioning is substantially affected; or
 - ❖ Client. This means the impairment is of such a nature or degree that it reduces that person's capacity to adequately care for the child; or
- At least one of the following circumstances exists and it is reasonably anticipated that proceeding to establish paternity or secure support or both would be detrimental to the child:
 - ❖ The child was conceived as a result of incest or sexual assault: or

- ❖ A petition for the child's adoption has been filed with a court; or
- ❖ The parent is being assisted by a public or private social agency in deciding whether or not to terminate parental rights and has not gone on for more than three months.

Fathers of Newborns May Be Responsible:

Fathers of newborns may be responsible for paying back birth-related expenses for the baby and mother paid by Medicaid. These expenses may include physician, hospital, and other costs.

For More Information Call:

- Medicaid at 1-800-362-3002 (TTY and translation services are available).
- The county/tribal social or human services department, W-2 agency, or Medicaid outstation site in your county.

Information provided in this document is general. To find out more detailed information regarding Medical Support, please contact your local county/tribal social or human service agency.

DHFS is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please contact (608) 266-3465 or (608) 266-2555 TTY. All translation services are free of charge.

For civil rights questions call (608) 266-3465 or (608) 266-2555 TTY.

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